

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000173

FILED
Feb 17, 2011
Secretary of State

Entity Name: NEW HOLLAND CREDIT COMPANY, LLC

Current Principal Place of Business:

6900 VETERANS BLVD.
BURR RIDGE, IL 60527 US

New Principal Place of Business:

Current Mailing Address:

C/O CNH TAX DEPT
621 STATE STREET
RACINE, WI 53402

New Mailing Address:

FEI Number: 23-2844171 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BIERMAN, STEVEN
Address: 6900 VETERANS BLVD
City-St-Zip: BURR RIDGE, IL 60527

Title: MGRM
Name: ROCCHETTA, ODDONE INCISA
Address: 6900 VETERANS BLVD
City-St-Zip: BURR RIDGE, IL 60527

Title: MGR
Name: WALL, MICHAEL
Address: 6900 VETERANS BLVD
City-St-Zip: BURR RIDGE, IL 60527

Title: MGR
Name: KIRBY, ROBERT
Address: 6900 VETERANS BLVD
City-St-Zip: BURR RIDGE, IL 60527

Title: MGR
Name: BECKMANN, THOMAS
Address: 6900 VETERANS BLVD
City-St-Zip: BURR RIDGE, IL 60527

Title: MGR
Name: AIDE, RICK
Address: 6900 VETERANS BLVD
City-St-Zip: BURR RIDGE, IL 60527

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICK AIDE

TO

02/17/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date